

# Medi-Cal Program Guide Special Notice 06-03

February 13, 2006

<b>Subject</b>	<b>Medi-Cal Program Referral Telephone Numbers and Address Information Update</b>
<b>Effective Date</b>	Upon receipt
<b>Reference</b>	ACWDL 05-43, ACWDL 05-43E
<b>Purpose</b>	The purpose of this Special Notice is to provide staff with an updated list of telephone numbers and addresses available to beneficiaries and providers for questions regarding the Medi-Cal program.
<b>Changes</b>	<p>Telephone numbers and address information updates and additions include:</p> <ul style="list-style-type: none"><li>• Beneficiaries requesting general information about Medi-Cal <b>must</b> be referred to the EDS telephone line and not the California Department of Social Services (CDSS) Public Inquiry And Response (PIAR) telephone line</li><li>• State Hearing &amp; PIAR address information</li><li>• Medicare Part D Systems Problems</li><li>• Blue Cross</li><li>• Medical Benefit Hearing Requests</li></ul>
<b>Required Action</b>	Please use caution when directing beneficiaries to the telephone numbers listed on Attachment A. As some of the telephone numbers are not toll free, misdirected calls may create unnecessary cost and frustration for beneficiaries.
<b>Automation Impact</b>	None
<b>Forms Impact</b>	None

*Continued on next page*

## Medi-Cal Program Guide Special Notice 06-03, Continued

**Quality  
Assurance  
Impact**

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None

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**Manager  
Approval**

ORIGINAL SIGNED BY:

John Pierce  
Senior Program Manager  
Medical Care Program Administration  
Regional Program Support Division

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# BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

California Department of Health Services  
 Medi-Cal Eligibility Branch  
 1501 Capitol Avenue, Suite 4063, MS 4607  
 P.O. Box 997413  
 Sacramento, CA 95899-7413  
 916-552-9200

Program	Address	Telephone Number
<b>AIDS</b>	<b>California AIDS Hotline</b> P.O. Box 426182 San Francisco, CA 94142-6182	1-800-367-2437 (Hotline)  1-888-225-2437 (TDD)  415-863-2437 (Main line)
	<b>Office of Aids</b> <b>California Department of Health Services</b> 1616 Capitol Avenue, Suite 616 MS-7700 P.O. Box 997426 Sacramento, CA 95899-7426	916-449-5900  (Non-Medi-Cal services for persons with AIDS)
<b>BabyCal</b>		1-800-222-9999  (Prenatal care information)
<b>Denti-Cal</b>	<b>Beneficiaries Services Group</b> P.O. Box 15539 Sacramento, CA 95852-1539	1-800-322-6384  (Billing inquiries)
<b>Electronic Data Systems (EDS)</b>	<b>Medi-Cal</b>	916-636-1980 (Medi-Cal inquiries & billing issues)
<b>Healthy Families</b>		1-800-880-5305 (Application information)  1-888-747-1222 (To request an application)
<b>Medi-Cal Fraud</b>		1-800-822-6222 (Statewide hotline)  (To report beneficiary and provider fraud and patient abuse)
<b>Medi-Cal General Information</b>	For information on Medi-Cal benefits, programs, the application process, and questions regarding county of residence refer beneficiaries to their local County Social Services Office listed in the white government pages of the telephone directory.  For information regarding services provided under the Medi-Cal program, refer beneficiaries to the rendering provider.	
	<b>EDS</b> Beneficiary and HIPAA Help Desk	916-636-1980
	<b>Los Angeles County-Case Complaint, Inquiry and Referral</b> 12820 Cross Roads Parkway South Industry, CA 91746-3411	1-877-481-1044 (Los Angeles calling area)  562-908-6603 (Main line)

# BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

Program	Address	Telephone Number
	<b>San Diego County Public Assistance Information</b>	1-858-514-6885
<b>Medi-Cal Managed Care/Prepaid Health Plans</b>	<b>California Department of Health Services Health Care Options</b> P.O. Box 989009 West Sacramento, CA 95798	1-800-430-4263  (To enroll or disenroll)
	<b>To file a “plan specific” complaint, refer beneficiaries to their specific health plan.</b>  <b>If beneficiaries are not satisfied, and cannot resolve their complaint, refer them to the State Office of the Ombudsman.</b>  <b>California Department of Health Services State Office of the Ombudsman</b> MS 4412 P.O. Box 997413 Sacramento, CA 95899-7413	1-888-452-8609
<b>Medical Board Central Complaint Unit</b>	<b>Medical Board of California Central Complaint Unit</b> 1426 Howe Avenue, Suite 54 Sacramento, CA 95825-3236	1-800-633-2322  916-263-2424
<b>MEDICARE</b>		1-800-MEDICARE (1-800-633-4227)  (Medigap & Medicare supplement information & general Medicare information)
<b>Breast &amp; Cervical Cancer Treatment (BCCTP)</b>	<b>California Department of Health Services BCCTP</b> MS 4611 P.O. Box 997413 Sacramento, CA 95899-7413	1-800-824-0088
<b>State Hearing &amp; PIAR</b>	<b>California Department of Social Services State Hearings &amp; Public Inquiry and Response (PIAR) Ways to Request a State Hearing</b>  <b>By Mail</b> – California Department of Social Services (CDSS), State Hearings Division P.O. Box 944243, MS19-37 Sacramento, CA 94244-2430  <b>By Fax</b> – CDSS, State Hearings Division at (916) 229-4110  <b>By Phone</b> – Call CDSS, Public Inquiry and Response Bureau at:	1-800-952-5253 (Voice) 1-800-952-8349 (TDD)
<b>Supplemental Security Income (SSI), Social Security Administration (SSA)</b>		1-800-722-1213  (General information) Contact local SSA office to apply.

# BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

Program	Address		Telephone Number
<b>Third Party Liability Branch</b>	<b>California Department of Health Services Recovery Section</b> P.O. Box 997425, MS 4720 Sacramento, CA 95899-7425		916-323-4836 (Information line)  916-650-0490 (Main line)  (Medi-Cal casualty, personal injury, probate, estate, liens, worker's compensation & overpayments.
	<b>California Department of Health Services Other Health Coverage (OHC)</b> P.O. Box 997422, MS 4719 Sacramento, CA 95899-7422		1-800-952-5294  (OHC, Medi-Cal Eligibility Data System (MEDS) coding errors)
		<b>California Department of Health Services COBRA</b>	1-866-444-3272 (Information line)  415-975-4600 (Main line)
		<b>California Department of Health Services Health Insurance Premium Payment Program (HIPP)</b> P.O. Box 997422 Sacramento, CA 95899-7422	1-866-298-8443
		<b>California Department of Health Services Medicare Parts A, and B Buy-in and Medicare Part D Technical Problems</b> P.O. Box 997422 Sacramento, CA 95899-7422	1-866-277-9863

## PROVIDERS REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

California Department of Health Services  
Medi-Cal Eligibility Branch  
1501 Capitol Avenue, Suite 4063, MS 4607  
Sacramento, CA 95814  
916-552-9200

Program	Address	Telephone Number
<b>County Medical Services Program (CMSP)</b>	<b>Blue Cross Life &amp; Health Insurance Company (Medical)</b>	1-800-670-6133
	<b>Doral Dental (Dental)</b>	1-888-278-7310
	<b>Vision Service Plan (Vision)</b>	1-800-877-7195
	<b>MedImpact Healthcare Systems, Inc (Prescription Drug Services)</b>	1-800-788-2349
	<b>Medical Benefit Hearing Requests</b> CMSP Governing Board ATTN: Medical Benefit Hearings 1451 River Park Drive, Suite 222 Sacramento, CA 95815	FAX: 916-649-2606 Phone: 916-649-2631
<b>Delta Dental, Denti-Cal</b>	<b>Delta Dental, Denti-Cal Provider Group</b> P.O. Box 15609 Sacramento, CA 95852-0609	1-800-423-0507  (General questions, billing, information and dental contract questions)
<b>EDS</b>	<b>Medi-Cal</b>	1-800-541-5555  (General questions and billing information)
	<b>California Children's Services/Genetically Handicapped Persons Program</b>	1-800-541-5555
	<b>Obstetrics or the Comprehensive Perinatal Services Program</b>	1-800-541-5555
	<b>Out-of-State &amp; In-State Medi-Cal Provider Billing</b>	916-636-1200
<b>Medicare Buy-In</b>		1-800-952-5294  (Notices of overpayment)
<b>Out-of-State Authorization for Treatment</b>	<b>California Department of Health Services (CDHS) Field Services Section</b> P.O. Box 193704 San Francisco, CA 94119-3704	415-904-9600
<b>Provider Enrollment (CDHS)</b>	<b>Payment Systems Division (PSD), Provider Services Information Unit</b> (Including out-of-state providers)	916-323-1945